

# Notice Number Reference Chart

Notice #	Description
Notice017	Denial for Incomplete Non-Financial Assistance Paper Application
Notice018	Denial for Incomplete Financial Assistance Paper Application
Notice028	Ineligible for Health Insurance through NY Exchange – Due to Not a Resident of New York - Requested Financial Assistance
Notice029	Ineligible for Unsubsidized qualified health plan (e.g. not a resident of New York, incarcerated or immigration status) – did not request financial assistance
Notice035	Incomplete application
Notice083	Ineligible for All Programs – Requested Financial Assistance
Notice100	No Longer Eligible for Enrollment in Health Insurance through New York State of Health
Template165	Medicare Equitable Relief Notice
Template001	Paper Notification of Electronic Communication
Template002	Individual(s) in Pend Status
Template003	Invalid Documentation Received
Template010	Eligibility Notice
Template011	Notice of Modification to Terminated Policy
Template012	Plan Selection
Template015	Notice of Plan Disenrollment
Template016	Notice of Retro Enrollment Coverage
Template017	Notice to Inmate at Pre-Release
Template018	Passive Enrollment for HARP
Template021	Mailing Address Change
Template023	Notification of Death
Template033	NYSOH had Received Info Affecting Individual’s Eligibility for Coverage
Template056	RETRO Medicaid Notice
Template060	Appeals
Template065	Individuals Transitioning from Local Departments of Social Services to NYSOH
Template099	RENEWAL NOTICE
Template115	Ad hoc “take action by consumer”
Template116	Manual Renewal for Medicaid Deemed Newborn EE Notice

